Substitute fo	or form 1449A&B/PTO			Complete if Known		
				Application Number	10/045,632	
INFOF	RMATION DIS	CLOS	URE	Filing Date	October 26, 2001	
STATEMENT BY APPLICANT				First Named Inventor	Milberger, Susan M.	
				Art Unit	3693	
(Use as many sheets as necessary)				Examiner Name Chandler, Sara M.		
Sheet	1	of	3	Attorney Docket Number	020375-000230US	

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Examiner							Date			

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					3693	
(Use as many sheets as necessary)				Examiner Name Chandler, Sara M.		
Sheet	2	of	3	Attorney Docket Number	020375-000230US	

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Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²					
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